

INTERACTN CASE SUMMARY

The case of a 37-year-old male with trouble ambulating and incontinence

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InterACTN Case #1: Available: <http://interactn.org/2016/02/04/case-study-1/>**Summary**

A 37 year-old previously healthy man from Jamaica presented with 2-3 months of progressive trouble ambulating and incontinence. By 1 month prior to arrival he was wheelchair bound and unable to ambulate even with assistance. He started to wear a diaper for bladder and bowel incontinence. He also complained of painless numbness in his legs over the same period of time. His exam is notable for marked weakness and spasticity in his legs, with hyper-reflexia and clonus. He has a sensory level at the level of the umbilicus. An MRI shows a longitudinally extensive T2 signal change throughout the thoracic cord. His cerebrospinal fluid is mildly inflammatory. His HTLV-1 antibody test is reactive.



Figure 1. T2 hyper-intense signal is seen throughout the thoracic spinal cord with cord edema most pronounced at the mid-thoracic region.

Diagnosis: Tropical Spastic Paraparesis

Take-Home Points

- HTLV is an oncogenic retrovirus associated with Adult T-cell Leukemia/Lymphoma, Myelopathy, and Uveitis.
- HTLV-1 is endemic to Japan, Africa, Central/South America, and the Caribbean. In each of these locations, at least 5% of the population carries the virus. The virus is passed through sexual intercourse, blood transfusions, and in the peripartum or nursing period.
- HTLV can cause insidious onset of spastic paraparesis and bladder dysfunction without remissions.
- Treatment is supportive and symptomatic. Prevention is essential.^{1,2} (Fig. 1)

References

1. Goncalves D, Proietti F, Ribas J, et al. Epidemiology, treatment, and prevention of human T-cell leukemia virus type 1-associated diseases. *Clinical Microbiol Rev* 2010;23(3):577–589.
2. Cho T, Vaitkevicius H. Infectious myelopathies. *Continuum* 2012;18(6):1351–1373.